

FLEXIBLE SPENDING ACCOUNT CALCULATION WORKSHEET

When determining how much you would like to contribute to your Flexible Spending Account, you should keep in mind the following:

- In most cases, an employee may not make a mid-year change in the amount he or she has elected to contribute to a Flexible Spending Account.
- In many cases money remaining in a Flexible Spending Account at the end of the plan year must be forfeited, though some plans may offer either a Grace Period or Carryover.
- Over-the-counter medicines and drugs (other than insulin) are only reimbursable if accompanied by a prescription.

The following worksheet can be used to estimate how much you should elect to contribute to your Flexible Spending Accounts:

Health Flexible Spending Account

Expenses not covered by insurance may include:

Copayments or Coinsurance	\$ _____
Deductibles	\$ _____
Dental Care (exams, fillings, crowns, X-rays, orthodontia)	\$ _____
Hearing Care (exams, hearing aids, and batteries)	\$ _____
Medical equipment (crutches, blood pressure monitors)	\$ _____
Insulin and diabetic supplies	\$ _____
Prescription drugs	\$ _____
Non-medicine/drug over-the-counter items (first aid kits)	\$ _____
Transportation expenses (to receive medical care)	\$ _____
Therapy (Physical Therapy)	\$ _____
Vision Care (exams, contacts, eyeglasses, laser surgery)	\$ _____
Blood Tests, Lab fees	\$ _____
Specialists (chiropractor, dermatologist)	\$ _____

Annual Health Flexible Spending Account Election \$ _____

Annual Dependent Care Flexible Spending Account Election \$ _____

Dollars you can use to pay for the care of your dependent while you are **working** or **gainfully seeking employment (daycare, after-school programs)**.
(Annual household maximum of \$5,000)

Total Pre-Tax Contributions to Flexible Spending Accounts: \$ _____